

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 28 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000030271

1. Corporation Name

MAC ENTERPRISES OF MIAMI, INC.

Principal Place of Business

Mailing Address

17640 NW 77TH COURT  
MIAMI FL 33015

17640 NW 77TH COURT  
MIAMI FL 33015

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

65 NE 209 Ter.  
MIAMI FL  
33179 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/1997

5. FEI Number

Id For

65-0846348

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	DELVECCHIO, MELANIE	17640 NW 77TH COURT	MIAMI FL 33015
D	HOLLEY, CARL	17640 NW 77TH COURT	MIAMI FL 33015
REINSTATEMENT 98 TB 12/29/98			
600002727016--8 -12/30/98--01088--004 ****758.75 ****758.75			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAPLAN, ADAM D  
2975 NE 191 STREET  
SUITE 500  
AVENTURA FL 33180

Name Melanie DelVecchio

Street Address (P.O. Box Number is Not Acceptable)

65 NE 209 Ter

Suite, Apt. #, Etc.

MIAMI FL

City

State

Zip Code

FL

33179

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Melanie DelVecchio  
REGISTERED AGENT MUST SIGN

Date 11-28-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for Information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Melanie DelVecchio  
Melanie DelVecchio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-98 305 653-9155  
Date Daytime Phone #